



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

ADDRESS/NAME CHANGE FORM

THIS FORM IS FOR RETIRED MEMBERS, INACTIVE MEMBERS AND ACTIVE STATE EMPLOYEE MEMBERS - ONLY.

PUBLIC SCHOOL ACTIVE MEMBERS MUST SUBMIT ALL DEMOGRAPHIC CHANGES/CORRECTIONS DIRECTLY TO THEIR EMPLOYER. THE LOCAL SCHOOL DISTRICT WILL THEN TRANSMIT THE UPDATED INFORMATION ELECTRONICALLY VIA THEIR NEXT MONTHLY TRANSMITTAL TO CTRB.

INSTRUCTIONS:

- Please type or print clearly and check all boxes that apply.
- If you are completing this form as Power of Attorney or Conservator for a retiree, attach a copy of your appointment.
- Verify that all required information has been entered on the form.
- If you have your benefit payment issued by Electronic Funds Deposit (EFT), it will continue to be wired to the bank account on file. In order to change your EFT, an Electronic Funds Deposit Form must be completed and forwarded to this office. All members, who retire on or after January 1, 2001, are required to have monthly benefit payments sent electronically to the financial institution of their choice.
- While we cannot accept address changes over the telephone or by email, we will accept changes via fax with the member's signature.
- This completed form must be received by CTRB no later than the 1st of the month in order for the change to become effective at the end of the month.

Effective Date of Change
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Change Type: ☐ Address Change ☐ Name Change ☐ Address and Name Change

Membership Status: ☐ Retired Member ☐ Inactive Member ☐ Active State Employee Member

1. Social Security Number	2. New Name (Last) (First) (MI)		
3. New Address (Street) (City) (State) (Zip)			
4. Previous Name		5. Telephone Number ()	
6. Previous Address (Street) (City) (State) (Zip)			
7. Signature		8. Date	9. Email Address